U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7046	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name Dale L McPherson	Name Brotherhood of Locomotive Engineers & Trainmen	
	Labor Organization File Number 000/0/	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 535 McKnight Road S	Street 1370 Ontario St	
City St Paul	City Cleveland	
State Minnesota ZIP Code + 4 55119-6911	State Ohio ZIP Code + 4 44113-1702	
5. Position in labor organization. National Vice President		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name if any)  7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any).  Name		
Trade Name, if any:	To charge the property of the	
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street **********************************		
City Commence of the Commence		
State State Indicate the control of		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On  SIBJOS  6/2-997-0018		
Form I M-30 (2003)	Date Telephone Number	

Name of Person Filing Dale McPherson	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer  11.a. Nature of such dealing.		
City	11.b. Approximate dollar value of such dealing.		
State ZIP Code + 4	12.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).	Hunting License, Dinner, Golf	stormers of ea	
Name Randal LeNeave		r verydynelegioù	
Trade Name, if any: Hunegs, Stone, LeNeave, Kvas & Thor  P.O. Box, Bldg., Room No., if any  Street 900 Second Ave. S  City Minneapolis  State Minnesota ZIP Code + 4 55402	14.b. Amount of payment.		
13.b. Is the Business an Employer X or Consultant ?	The randare of paymone.	\$326	

Name of Person Filing	Dale	McPherson
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File Number U-

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant t	o an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name W.J. Jungbauer	Dinner, Golf	ndunia a a a a a a a a a a a a a a a a a a
Trade Name, if any: Yeager, Jungbauer & Barczak		Compression
P.O. Box, Bldg., Room No., if any		to scouling trulying
Street 715 Kasota Ave		ESPONOPORALA
City Minneapolis		ANTE SANAMANA
State Minnesota ZIP Code + 4 55414	Transmitted to the latter of the latter that open a constitute of a serial transfer of the latter than the lat	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	\$140
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to	an employer any
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.	en e
Name Brian Cartall	Dinner	www.compression.com
Trade Name, if any: The Cartall Law Firm	is a series of the series of t	PRINTER
P.O. Box, Bldg., Room No., if any		destanted to here
Street 7551 Callaghan Road, Suite 350	Activity of the property of th	nternational plan
City San Antonio	tradeline sections de	rejevatypinokkytel
State Texas ZIP Code + 4		e de la companya de l
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$38
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to	an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	en e
Name Dennis Rathman	Dinner, Golf	dus to the efficience
Trade Name, if any: Rathman& O'Brien, L.L.C.		deplants -carego
P.O. Box, Bldg., Room No., if any		Activionary
Street 1031 Lami Street		(collection)
City St. Louis		podrokavno Bixki
State Missouri ZIP Code + 4 63104		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$210

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Name of Person Filing Dale McPherson		File Number U-
	i	

## Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Matt McKuen	3 rounds of Golf
Trade Name, if any: United Health Care	
P.O. Box, Bldg., Room No., if any P.O. Box 150453	
Street 450 Columbus Blvd	
City Hartford	
State Connecticut ZIP Code + 4 06115-0453	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$495
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City ************************************	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.